IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

GENERAL POWER OF ATTORNEY

(for several applications filed in the USPTO)

As a representative of the Assignee, Medtronic Spine LLC, a Delaware limited liability company, I hereby appoint the Practitioners associated with the Customer Number 000046333 to act as our attorneys or agents to prosecute applications filed under Customer Number 000046333 and transact all business in the Patent and Trademark Office connected herewith.

Please address all correspondence and telephone calls regarding this application to:

Haynes and Boone, LLP 901 Main Street, Suite 3100 Dallas, TX 75202-3789 (972) 680-7557 (214) 200-0853 – Fax ipdocketing@haynesboone.com

The undersigned is the representative for the Assignee of the entire right, title, and interest in the patent application submitted herewith. A copy of the assignment or other documents in the chain of title, if applicable, are attached.

The undersigned (whose title is supplied below) is authorized to act on behalf of the Assignee.

| May 20, book Date | Ву: | Noreen C. Johnson | |
|-------------------|-----|-------------------|--|
| | | Vice President | |
| | | Title | |

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| | by revoke all p R 3.73(b). | previous powers of attorney | given in the appl | ication identified | in the attached sta | tement under |
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| ✓ F | | ciated with the Customer Number: | 000046 | 333 | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | |
| | | Name | Registration Number | , n | Name | Registration Number |
| | | | | | | |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). | | | | | | |
| Please | change the corres | spondence address for the applicat | ion identified in the a | ttached statement u | nder 37 CFR 3.73(b) to | ; |
| The address associated with Customer Number: 000046333 | | | | | | |
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| Count | | | ······ | Email | | |
| Telepi | none | | | Email | | |
| Assigne | e Name and Add | ress: | | | | |
| Medtronic Spine LLC | | | | | | |
| 2711 Centerville Road, Suite 400 Wilmington, DE 19808 | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. | | | | | | |
| SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | |
| Signatu | re / | And Date May 2, 200 | | Date May 2, 2008 | | |
| Name | J. Andrew L | | | | | |
| Title | Appointed Practitioner | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| STATEMENT UNDER 37 CFR 3.73(b) | | | | |
|---|---|--|--|--|
| Applicant/Patent Owner: Boucher, et al. | | | | |
| Application No./Patent No.: 10/617,895 Fil | led/lssue Date: <u>07/11/2003</u> | | | |
| Entitled: Expandable Preformed Structures for Deployment in Interior Body Regions | | | | |
| Medtronic Spine LLC, a | corporation | | | |
| (Name of Assignee) | (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) | | | |
| states that it is: 1. the assignee of the entire right, title, and interest; of | or | | | |
| 2. an assignee of less than the entire right, title and in (The extent (by percentage) of its ownership interests. | | | | |
| in the patent application/patent identified above by virtue | of either: | | | |
| in the United States Patent and Trademark Office a thereof is attached. | pplication/patent identified above. The assignment was recorded at Reel, Frame, or for which a copy | | | |
| OR B. A chain of title from the inventor(s), of the patent approximately | pplication/patent identified above, to the current assignee as follows: | | | |
| BOUCHER, Ryan P.; REILEY, Mark A.; 1. From: SCRIBNER, Robert M.; TALMADGE, Karen | D. To: Kyphon Inc. | | | |
| The document was recorded in the United S | States Patent and Trademark Office at, or for which a copy thereof is attached. | | | |
| 2. From: Kyphon Inc. | To: Medtronic Spine LLC | | | |
| The document was recorded in the United States Patent and Trademark Office at Reel <u>020993</u> , Frame <u>0042</u> , or for which a copy thereof is attached. | | | | |
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| Additional documents in the chain of title are listed on a supplemental sheet. | | | | |
| As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. | | | | |
| | inal assignment document(s)) must be submitted to Assignment ecord the assignment in the records of the USPTO. See MPEP | | | |
| The undersigned (whose title is supplied below) is author | rized to act on behalf of the assignee. | | | |
| July Michos | <u> </u> | | | |
| ∫ Signature | Date | | | |
| Julie M. Nickols, Registration No. 50 | 0.826 (972) 739-8640 | | | |
| Printed or Typed Name | Telephone Number | | | |
| Appointed Practitioner Title | | | | |

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